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ABSTRACT

Older Americans are suffering from both physical and social losses as they age. These losses are sometimes accompanied by the elderly person's entrance into a long-term care facility. Some researchers have suggested that such facilities fail to maintain the residents' independent behavior. Others contend that behavior is plastic and can be changed. Based on the notion that there exists a potential for behavioral plasticity and optimization of residents' functioning, Burton and Bulgatz (1986) conducted a staff training program of behavioral management techniques which included examples of interactional procedures which should be beneficial to staff and residents of long-term care facilities. This follow-up study measured intervention effectiveness by observing and analyzing 12 behaviors in the clients' rooms, the dining room, and the television room or lounge. Frequency of behavior, frequency of antecedents and reinforcers, and behavioral time percentages were analyzed. Seventy-seven residents participated in the study. The results revealed a dramatic decline in antecedents given for dependent behavior and an increase in antecedents given for independent behavior. Although reinforcement use remained very similar, it did show a positive directional shift in usage. These findings suggest that continued behavioral management training is an important factor in the maintenance of independent behavior. (Author/NB)

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"Old" Habits Die Hard in a Long-Term Care Facility

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Running Head Old Habits

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ABSTRACT

In America, the aging process is beconing more and more a study in the psychological field. Older individuals are suffering from both physical and social losses as part of their aging process, often accompanied by the entrance into a long-term care facility (LTCF). Barton, Baltes and Orzech (1980) suggest that resident's independent behavior is not being maintained by staff. However, Sperbeck and Whitbourne (1981) believe that behavior is plastic and can be changed. From an operant behavioral management paradigm, researchers observed and analyzed twelve behaviors in their natural environment. A baseline was established by Rawls, Sherman, Cetrone and Bulgatz (1986), followed by an intervention by Burton and Bulgatz (1986), this study was a measure of intervention effectiveness.

Results revealed a dramatic decline in antecedents given for dependent behavior and an increase in antecedents given for independent behavior. Reinforcement use remained very similar, however showed a positive directional shift in their usage. This leads one to believe that continued behavioral management training is an important factor in the maintenance of independent behavior.

The aging process in America is becoming more and more a topic of study in the psychological field. This paper is a follow-up study of a training and research program presented to a long-term care facility (ltcf) by Burton and Bulgatz (1986). Rawls et al. (1986) states that a rationale behind the long-term care facility (ltcf), is to provide an environment in which one's physical and psychological needs are met. However, the study indicated that resident independent behavior was not being maintained by staff, also supported by Barton, Baltes and Orzech (1980). In fact these ltcf's were stigmatizing aging as a disabling phenomenon. Both of the studies used an operant observational design to analyze staff/client interactions within the facility., This then, is assuming that a factor in maintaining behaviors occurs through the use of operational antecedents and consequences.

Rawls et al. (1986) along with Barton et al. (1980) indicated that dependent behaviors and passive behaviors were being supported through social reinforcements from staff, while independent behaviors went unnoticed or unreinforced, thus increasing overall dependence on staff.

Aged individuals suffer from both physical and social losses as a part of the aging process. These losses along with often deprivational conditions of a ltcf may result in the acquisition of a "sick role" (Sperbeck and Whitbourne,1981). Clients who elicit functional dependency or a "sick role" are then unintentionally reinforced partly as a result of staff informational deficits about older people and their self care potentials (Sperbeck and Whitbourne, 1981).

These studies along with Rawls et al. (1986) formed the basis for the training sessions conducted by Burton and Bulgatz (1986). This training program was based on the notion that there exists a real potential for behavioral plasticity, (Sperbeck and Whitbourne, 1981) and optimization of resident's functioning. Therefore, the intent of the following research was to test the use of behavioral management techniques pertaining to resident's behavioral patterns. These behavioral techniques were presented in the training session by Burton and Bulgatz. Sessions included examples of interactional procedures which should prove beneficial to the resident and staff alike.

Used in this research was a Real-Time , Parallel Entry portable computer system developed by Repp, A.C. , (1985). A modern technique recently applied in observational research, the computer enables researchers to record multiple behaviors in order of occurrence. In addition, it provides frequency, duration , reliability and percentage of behavioral data. Also, it enables researchers to record staff/client interactions in an unobtrusive manner. This method was used to achieve consistency and reliability and to replicate the procedures of Rawls et al. (1986). This replication of Rawls, 1986 procedure was used to critique the success of the training program applied by Burton and Bulgatz (1986). Following the training program, it was hypothesized that antecedents for independent behavior would increase overall and those for dependent behavior would consequently decrease. Secondly, the researchers predicted that staff would not reinforce dependent behavior as frequently and reinforce independent behavior more frequently.

METHOD

Setting and Subjects

The setting was a rural, long-term care facility. Observations were conducted in three areas 1) the client's rooms 2) the dining room 3) the lounge/t.v. room.

Subjects had previously been recruited in a voluntary manner. The administration scheduled a meeting for staff, residents, and resident's families in which the researchers explained the process of the observations to be utilized. The researchers then fielded questions and asked for willing participants. All staff agreed to the observations, and all but one of the residents consented. There were 77 resident participants, however 76 finished the observations due to a death.

Response Catagories

A total of 12 behaviors were studied. The behaviors were defined and designated a letter or number on the Epson Hx-20 keyboard. Catagorization came from Rawls et al (1986). They are as follows:

A. Independent Behavior (Ind. Beh.)-refers to a resident's performance of any self-initiated task without the assistance of staff.

B. Dependent Behavior (Dep. Beh.)-refers to a resident's using staff assistance in performing a task, as well as asking for staff assistance.

C. Passive Behavior (Pass Beh.)- refers to a resident's:

1) Mindful Behavior-aware of what is going on around them , but inactive.

2) Mindless Behavior- unaware of what is going on around them, and inactive.

D. Positive Social Interaction (PSI)-refers to a resident's verbal and nonverbal communication to one another, staff and others in a positive manner.

E. Negative Social Interaction (NSI)- refers to a resident's verbal and nonverbal communication to one another, staff and others in a negative manner.

F. Smiling/Laughing- refers to a resident's smiling about and /or laughing about something relevant.

G. Antecedents (two areas)- refers to a word, phrase or action given by a staff member to a resident that initiates and preceeds a(n):

1) Independent Behavior

2) Dependent Behavior

H. Positive Reinforcement-refers to any type of reinforcement, either verbal or physical , given by a staff member that is positive to the resident.

I. Negative Reinforcement- refers to any type of reinforcement, either verbal or physical , given by a staff member that is negative to the resident.

J. Neutral - refers to staff behavior which is neither positive nor negative to the resident

Apparatus

Using a program developed by Repp, (1985), the two Epson Hx-20 computers were used to record data, calculate frequencies and to establish reliability, and consistancy. Paper and Pencil methods were also used to analyze sequence frequencies from the data tapes. Micro cassettes held the data and the program.

Procedures

There were three practice sessions prior to entering the facility which were as follows 1) A computer training session 2) Watching video tape of client/staff interaction while using the computer 3) Role playing. The data taken during the practice sessions was not saved. Over a four day period the researchers observed staff and resident interactions. The researchers each took a total of three days of information out of the four. Researchers randomly followed a staff person on morning rounds or evening rounds. Morning rounds and evening rounds refer to the times during which staff were getting clients up for the day or putting them to bed for the night. When taking data during morning and evening care the researchers followed a staff person from one room to another, each time remaining in the room the duration of the time that the staff was in that particular room. When taking data during breakfast and dinner the researchers sat in the dining room along with the residents and observed both individuals who were feeding themselves and those who were being

assisted by staff. The researchers took data for a total of seven sessions, which were as follows: two evening care routines, two morning care routines, two dinners and one breakfast. After each session, the behavioral and frequency program was run on the data and a printout was obtained for each. Printouts were later analyzed for frequency of behavior, frequency of antecedents and reinforcers, and behavioral time percentages. Figure one includes behavioral definitions as well as their corresponding keys on the Epsons.

(Insert table 1 there)

RESULTS

Research observations of the clientele behaviors revealed the following frequencies; Independent Behavior occured 131 times while Dependent Behavior occurred 223 times. Positive Social interactions with clients was 5 and Positive Social Interactions with staff was 108. Negative Social interactions with clients was 5 and Negative Social Interactions with staff was 13. Passivity Mindful behavior occurred twice, while Passivity Mindless happened 5 times. Smiling and Laughing had 13 occurrances.

For staff there were 6 areas of behavior having the following frequencies. Positive Reinforcement occurred 32 times, while Negative Reinforcements occurred 6 times. Neutral Interaction happened 173 times. There were 89 Antecedents for Independent Behavior and 43 Antecedents for Dependent behavior. Positive Social Interaction occurred 230 times.

The percentages of clients' behaviors showed Independent Behavior occurring 26%, while Dependent Behavior occurred 44% of the time. Positive Social Interaction with client was 1% and Positive Social Interaction with staff was 21%. Negative Social Interaction with client was 1% and Negative Social Interaction with staff was 3%. Passivity Mindless behavior was 1%, while Passivity Mindful was 0%, Smiling and Laughing happened 3% of the time. Some behavior, such as Passivity Mindful, did not occur enough to equal .5% so they were recorded as 0% of the time.

For staff behavioral percentages revealed Positive Reinforcement happening 6% of the time, while Negative Reinforcement occurred 1%. Neutral Reinforcement was 30%. Antecedents for Independent Behavior occurred 16%, while Antecedents for Dependent Behavior occurred 8% , and Positive Social Interaction 40%.

The researchers also looked at antecedents and the behaviors that followed within a five second tolerance. Antecedents for Independent Behavior were followed by Independent Behavior 35 times which totaled 39%. Antecedents for Dependent Behavior followed by Dependent Behavior occurred 11 times which totaled 26%. Cross sequence frequencies revealed Antecedents for Independent Behavior being followed by Dependent Behavior 5 times totaling 6% and Antecedents for Dependent Behavior followed by Independent Behavior once, totaling 2% of the time.

Female staff Positively Reinforced Independent Behavior 6 times or 5% and Dependent Behavior was Positively Reinforced 6 times or 3% of the time. No Negative Reinforcement for Independent or Dependent Behavior

was observed. Neutral Reinforcement occurred 12 times for Independent Behavior or 9% and occurred 32 times for Dependent Behavior or 14%. There were noticeable differences between male and female client's behavior in reaction to staff antecedents and reinforcements. Male Independent Behavior occurred 15% of the time, whereas female Independent Behavior occurred 25% of the time. Male Dependent Behavior occurred 44% of the time and female Dependent Behavior occurred 46%. Antecedents directed to males for Independent Behavior were followed by Independent Behavior 43% of the time. Antecedents directed to females for Independent Behavior were followed by Independent Behavior 37% of the time. Antecedents given for Dependent Behavior and followed by Dependent Behavior occurred 40% for males and 21% for females. Positive Reinforcements for male and female Independent Behavior occurred 4% and 7% respectively. Positive Reinforcement for male and female Dependent Behavior occurred 3% in both cases.

DISCUSSION

Due to an increase in Antecedents for Independent Behavior and a dramatic decrease in Antecedents for Dependent Behavior, the first hypothesis was supported. Client behavior remained relatively proportional in response to these antecedents , when findings were compared to the results of Rawls et al (1986). Reinforcements neither gained nor decreased in use , therefore the second hypothesis was not supported.

However, there is a noticable directional shift in Reinforcement use , instead of finding more reinforcements for Dependent behavior ,as supported by Barton et al (1980), the percentages show more reinforcements for Independent behavior.

Teaching staff behavioral management techniques and decreasing informational misconceptions of dependency among the aged as the Burton and Bulgatz training session did then by pointing out environmental behavioral contingencies affecting dependency, such as hospital type beds which do not allow people in wheel chairs to make their own beds and a food window too high for people in wheel chairs to get their own food, it was believed that functional dependency would consequently be reduced. Such behavioral management training had a dramatic effect on Antecedents for Dependent Behavior, however Antecedents for Independent Behavior and Reinforcements remained similar in use. This leads to the title "old" habits die hard. The researchers believe that the reason these remained unchanged is that the staff conduct their routine activities while continuing to use the same antecedents and consequences without thinking of other possible methods to handle interactions. Therefore, continued training and intervention seems crutial to successful behavioral management.

Results of male vs female behaviors in response to antecedents and consequences showed a strong tendency for male clients to be more responsive than female clients to female staff antecedents. Societal roles of the female being "the caretaker" and the male being cared for may be a factor in producing this effect. Therefore, antecedents can be

considered a strong tool in behavioral management for male clients.

Results suggest that even clients who perform a "sick role" have the potential for behavioral plasticity if antecedents and consequence factors are utilized. It appears necessary to differentiate between the types of dependency and independence before specifying antecedents and consequences as effective or ineffective in producing specific behavioral outcomes. (Baltes and Skinner, 1983, and Sperbeck and Whitbourne, 1981).

To care for oneself and to be independent are highly valued characteristics in our society. Since independence appears to be contingent on staff behavior, one might suggest that if dependent behavior continues to be encouraged, individuals may never live beyond the confines of a LTCF. The present study suggests that continual training of staff in the principles of operant behavioral management may be the key to decreasing dependent behavior. It appears that these behavioral tools hold the promise for reducing negative institutional dependency, assuming that one task of a LTCF is to develope client self sufficiency. Institutions should set goals for individual behavioral development. Researchers believe that this could be the key to success in LTCF's and maybe the course of action to take.

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BEHAVIORAL CODES

CODES FOR STAFF BEHAVIOR	computer keys
Positive Reinforcement	1
Negative Reinforcement	2
Neutral	3
Antecedent Independent	4
Antecedent Dependent	5
Social Interaction W/Client	6
CODES FOR FEMALE RESIDENT BEHAVIOR	
Independent Beh.	H
Dependent Beh.	J
PSI (Client)	K
PSI (Staff)	L
NSI (Client)	;
NSI (Staff)	U
Pass. (Mindless)	I
Pass. (Mindful)	O
Smiling/Laughing	P
CODES FOR MALE RESIDENT BEHAVIOR	
Independent Beh.	A
Dependent Beh.	S
PSI (Client)	D
PSI (Staff)	F
NSI (Client)	G
NSI (Staff)	Q
Pass. (Mindless)	W
Pass. (Mindful)	E
Smiling/Laughing	R

Table 1